



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE  
**REIMBURSEMENT REQUEST FOR CHILD CARE SANITATION INSPECTIONS**

LOCAL HEALTH AGENCY		BILLING FOR MONTH OF		MONTHLY TOTAL \$	
ADDRESS		AUTHORIZED SIGNATURE			
CITY, STATE AND ZIP			TELEPHONE		
<small>The contractor shall assure that all requests and reports (DC-33's, DC-34's or DC-35's) have been submitted prior to sending the quarterly Reimbursement Request for Child Care Sanitation Inspection (DC-38). Billings shall be submitted by the last day of the month after the quarter the inspection was conducted. If a inspection is completed in May, the DC-38 for that Quarter must be submitted no later than July.</small>					
FACILITY NAME/HOME PROVIDER		Facility No.			
ADDRESS		FACILITY TYPE <input type="checkbox"/> CENTER <input type="checkbox"/> GROUP HOME <input type="checkbox"/> FAMILY HOME <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> NURSERY SCHOOL			
CITY, STATE, ZIP					
TYPE OF VISIT <input type="checkbox"/> INITIAL <input type="checkbox"/> REINPSECTION <input type="checkbox"/> SPECIAL #1 <input type="checkbox"/> ANNUAL <input type="checkbox"/> LEAD <input type="checkbox"/> SPECIAL #2		DATE OF INSPECTION	HOURS AT FACILITY	ADMINISTRATIVE TIME	CHARGE PER VISIT \$
TYPE OF VISIT <input type="checkbox"/> INITIAL <input type="checkbox"/> REINPSECTION <input type="checkbox"/> SPECIAL #1 <input type="checkbox"/> ANNUAL <input type="checkbox"/> LEAD <input type="checkbox"/> SPECIAL #2		DATE OF INSPECTION	HOURS AT FACILITY	ADMINISTRATIVE TIME	CHARGE PER VISIT \$
INSPECTOR'S NAME					TOTAL FACILITY CHARGE \$
FACILITY NAME/HOME PROVIDER		Facility No.			
ADDRESS		FACILITY TYPE <input type="checkbox"/> CENTER <input type="checkbox"/> GROUP HOME <input type="checkbox"/> FAMILY HOME <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> NURSERY SCHOOL			
CITY, STATE, ZIP					
TYPE OF VISIT <input type="checkbox"/> INITIAL <input type="checkbox"/> REINPSECTION <input type="checkbox"/> SPECIAL #1 <input type="checkbox"/> ANNUAL <input type="checkbox"/> LEAD <input type="checkbox"/> SPECIAL #2		DATE OF INSPECTION	HOURS AT FACILITY	ADMINISTRATIVE TIME	CHARGE PER VISIT \$
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INSPECTOR'S NAME					TOTAL FACILITY CHARGE \$